

Children's Cabinet Meeting

February 25, 2019

Agenda:

- Welcome and introductions
- Preschool Development Grant B-5 Update
- Keeping Rhode Island Children Safe
- Public Comment

Welcome, Introductions, and Announcements

- Introductions
- Adoption of Minutes

3rd Grade Reading Updates

- **PDG Request for Proposal**

- Bids due **March 4th, 2019**
- RFP Includes: Family Needs Assessment; Workforce Needs Assessment; Action Planning & Funding Streams Analysis; Professional Development and Technical Assistance; Data System & Website Development; and Facilitation of Grants to Family-serving Organizations

- **Facilities Needs Assessment**

- As part of an expanded scope of work, the Local Initiatives Support Corporation of Rhode Island will conduct the Facilities Needs Assessment for PDG B-5

- **Phase I Universal Pre-K RFP Release**

- Phase I Universal Pre-K Program RFP will be released on February 28, 2019

Keeping Rhode Island Children Safe



Child Safety: Everyone's Responsibility

- Introduction
- Data-Driven Approach to Child Safety
 - Updates on Implementation of Key Public Health Strategies
 - Next Steps
- EOHHS Data Eco-System Study
- First 1,000 Days of Rlte Care

Child Safety: Everyone's Responsibility

Child maltreatment is a statewide concern and public health crisis.

Informed by integrated data, **DCYF, EOHHS, RIDOH and the Children's Cabinet** are partnering with community members to implement focused strategies to keep kids safe.

Actions To Date:

- Examined recent child fatalities & near-fatalities, and developed and implemented four priority prevention strategies based off of this review.
- Developed the EOHHS "data ecosystem" to identify risk factors associated with child maltreatment during the early years.
- Identified and begun resourcing strategies across HHS to address child safety risk factors.
- Initiated new "Pivot to Prevention" operational direction within DCYF.
- Implemented active contract management to strengthen prevention services in the community.
- Partnered with local communities to make child safety a priority.

DCYF's Pivot to Prevention

Building on consistent prior reforms, DCYF updated its internal operational direction by officially launching “**Pivot to Prevention**” in April 2018.

DCYF's Pivot to Prevention prioritizes the redirection of resources from out-of-home placements and unnecessarily restrictive levels of care to community-based, preventative services, and operates in line with the following **five principles**:

Today's Focus Areas

1. **Public Health:** Child & youth safety is a public health issue.
2. **Community:** Child & youth safety requires a strong, integrated, community-based prevention network.
3. **Workforce:** Child & youth safety demands a competent, stable, diverse and accountable workforce.
4. **Quality Services:** Child & youth safety improves through effective, data-informed service delivery.
5. **Fiscal Soundness:** Redirecting resources requires the effective and efficient use of available funds.

Analyses: Guiding a Data-Driven Approach

Highlighted Analyses

Focused Analysis: RIDOH-DCYF Review of 2016-2018 Data

- Led by RIDOH and DCYF, with support from Harvard GPL
- Focused on subset of data for children experiencing fatalities or near fatalities in calendar years 2016-2018

Highlighted Data-Informed Initiatives: EOHHS Data Eco-System Study

- Led by EOHHS in partnership with State agencies and community partners
- Focused on high-level insights about how the state can improve its approach to family-based maltreatment prevention
- All indicated maltreated cases from 2014-2016 for children under age 7 at the time of maltreatment

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Analysis: RIDOH and DCYF Review of 2016-2017 Data

In 2018, DCYF and RIDOH partnered with the Harvard Kennedy School Government Performance Lab to jointly analyze data related to maltreatment between January 2016 and December 2017.

The final analysis included two components:

1

Analyzed the family's involvement with DCYF or RIDOH before the critical incident:

- Did the state identify at-risk families?
- Were families referred to and connected with appropriate services?
- Where might there be opportunities to intervene earlier or improve service effectiveness?

2

Considered recommendations from:

- Medical Examiner's Rhode Island Child Death Review, 2012
- Internal DCYF Critical Incident reviews, 2016-2017
- Office of Child Advocate Reports published in March 2017 and December 2017
- Citizens Review Commission completed in June 2017

In January, we conducted a similar review on all 2018 critical incidents using the same approach.

2016 & 2017 Review Findings: Opportunities

Our 2016-2017 analysis also pinpointed **opportunities to improve** our collective efforts to serve at-risk families.

Findings

- During the year before the child was born, **12/31 of families had not met in-person** with DCYF or a family home visiting program.
- Compared to all risk-positive children, those who suffered a fatality or near fatality were **less likely to receive a First Connections visit** following a risk-positive NDRS.
- DCYF had interacted with 5 pregnant mothers whose child later suffered a fatality or near fatality, but **only 1 mother received pre-natal family home visiting services**.
- Of the 12 families reported to DCYF in the year before the incident who did not open to FSU, **only half were referred to preventative services before the incident**.

Opportunities

Identifying and engaging at-risk families not reported to DCYF or engaged with FHV prior to critical incidents

Connecting pregnant mothers known to be at-risk to preventative services earlier

Connecting families reported to DCYF to preventative services

Strategies

A. Develop additional risk tiers for RI's Newborn Developmental Risk Screening at birth to identify families for persistent outreach, ongoing support, and follow up for RIDOH's family home visiting services

B. Strengthen engagement and care coordination with pregnant moms open to DCYF

C. Introduce clear referral criteria and process for CPS to quickly make appropriate referrals to preventative services and community based services

D. Strengthen routine and timely DCYF/RIDOH data sharing and monitoring to track referrals from CPS to preventative services

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Implementation: Updates on Key Strategies

Priority Strategies

A: Develop additional risk tiers for Newborn Developmental Risk Screening at birth to identify families for persistent outreach, ongoing support, and follow up for RIDOH's family home visiting services

B: Strengthen engagement with pregnant moms open to DCYF

C: Introduce clear referral criteria and process for CPS to quickly make appropriate referrals to preventative services

D: Strengthen routine and timely DCYF/RIDOH data sharing and monitoring to track referrals from CPS to preventative services

Accomplishments

- Developed preliminary set of new tiered categories for enhanced follow up and support

- Analyzed 2017 DCYF hospital alerts.
- Incorporated RIDOH into DCYF's facilitated case reviews for pregnant moms.
- Joint task force launched with Women & Infants Prenatal clinic, with the goal of referring and engaging more mothers with preventive service before their due date.

- Conducted referral quality workshops with CPS supervisors. Similar workshops with FSU and FCCPs are forthcoming.
- Working with vendors to create materials promoting family home visiting tailored to the DCYF-involved population.

- Manual data matching process is routinely completed every month.
- DCYF-RIDOH team continuously collaborates to follow up on children identified by manual process.
- Procurement of a system to automatically share this data is underway.

Implementation: Preventative Service Follow-Up Protocols

Goal: Identify families referred to preventive services by DCYF who have not engaged with services, and provide ongoing outreach and support.

Preventive services “screened” for: First Connections, Early Intervention, MIECHV, FCCPs, DCYF home-based services, DCYF open/close disposition

Population: All indicated cases age 0-3*

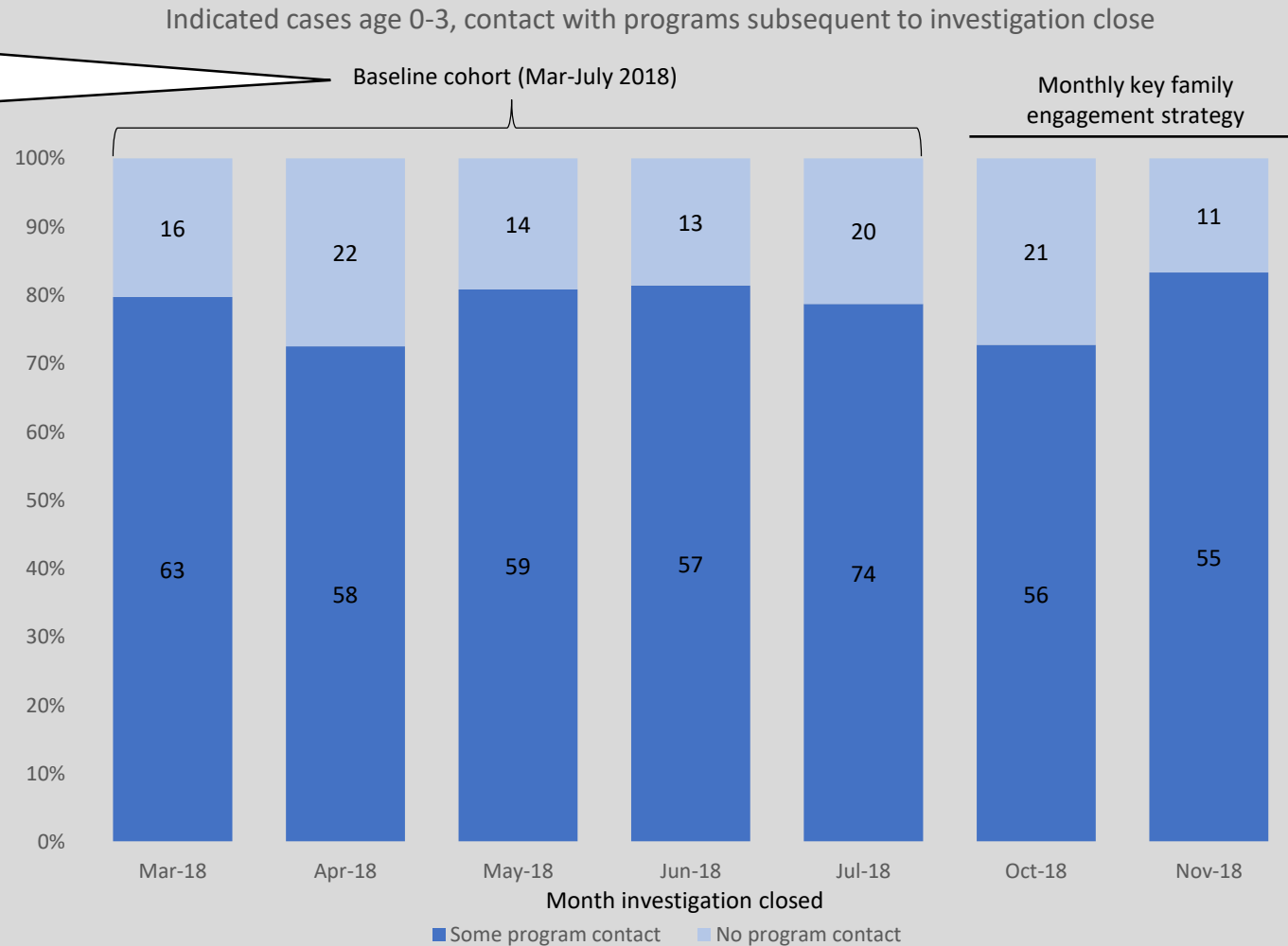
Follow-up protocols:

- Re-engagement by First Connections and/or Early Intervention providers.
- Ongoing or continuous follow-up with families who do not engage.
- Collaboration with community partners (pediatricians, child care providers, etc.) to gauge family's existing supports and encourage engagement.

* Unfounded cases will be included in future iterations of this process

Initial Results: Proportion of Key Families Engaged

13 of the families in the baseline group engaged in First Connections upon re-outreach.

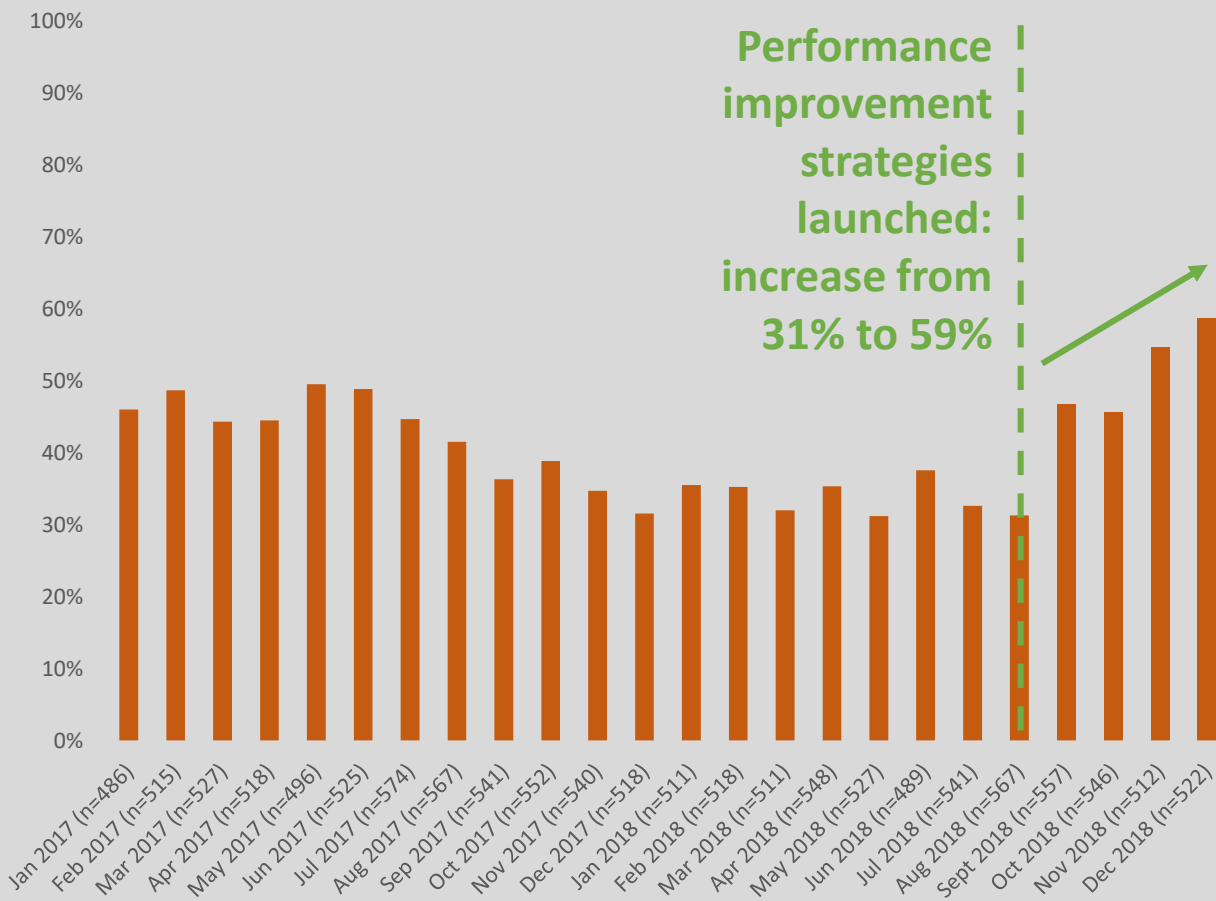


Initial Results: Positive Referral and Engagement Trends for Preventative Services

Total statewide referrals to FCCPs by month



Level one statewide capture rate over time: number of risk positive births receiving a First Connections visit



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Next Steps: Action Items

- **Automate manual preventive service data-sharing system for children ages 0-3**
- **Work with healthcare providers to connect pregnant women reported to DCYF with prenatal services**
- **Build a performance management system aimed at fatality and near-fatality prevention**

Next Steps: Support FY20 investments that support the Pivot to Prevention strategies.

Key FY20 Investments:

- **Family and Home Visiting:** Increase of \$650,000 in general revenue funding to support family home visiting programs, which provide pregnant women and families, particularly those considered at risk for poor outcomes, with the necessary resources and skills to raise children who are physically, socially, and emotionally healthy and ready to learn.
- **First Connections – Pre-Natal Expansion:** Increase of \$378,000 in general revenue funding to expand home visiting programs to service women prenatally. Combined with federal funds, the recommended budget will provide total funding for first connections of \$0.8 million.
- **Pivot to Prevention – Added Capacity:** Additional staff capacity will ensure that RIDOH and DCYF develop policy and practices that support children who are known or at risk of involvement in the child welfare system so that they may have coordinated access to programs such as First Connections, Early Intervention, Family Home Visiting, and WIC. The Governor recommends investment of \$73,600 general revenue and \$136,600 all fund
- **Tiered Reimbursement for Child Care:** Expand tiered reimbursement to include preschool aged children and home-based child care programs to incentivize the highest quality care options for Rhode Island children and early learners.

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EOHHS Data Eco-System Study: Child Maltreatment

Structure

- In 2018, EOHHS reviewed data from across our agencies to help understand how we can better support families who are vulnerable.
- We looked at families who had a Medicaid-enrolled child under 7 and an indicated investigation, and similar families who did *not* have an indicated investigation.
- Project Advisory Group: We partnered with experts in the agencies and in the community to guide our analysis and help us interpret results.
- We also coordinated with other projects – KIDSCOUNT, Hassenfeld Institute, RIPL, Children's Cabinet, working on related questions.

Study Goals

1. What are common characteristics of the children and families who experience maltreatment?
2. What do we know about how the state interacted with these families before maltreatment occurred?
3. How can we improve how we support families and communities in child maltreatment prevention?

Eco-System Findings: Top Risk Factors

1. **Community and environment:** The number of indicated investigations in a census block and the level of poverty strongly predict future maltreatment.
2. **Parental substance use and mental health:** The strongest association with child maltreatment were parental substance use and severe mental illness.
3. **“Absent” children:** Families who are referred to services but do not enroll; children who do not complete their pediatric well-visits; and children without childcare support may be isolated and at high risk of maltreatment.

Eco-System Findings: Top Community Insights

1. **A Community prevention-based approach:** Prevention begins in the community. Strong, healthy neighborhoods with vibrant social supports and connected families who put child safety first are a primary defense against child maltreatment.
2. **A family-based approach to child safety:** We need a coordinated, family-based approach to child safety and well-being. Many adult-facing programs – *especially substance use and mental health services* – do not explicitly address risks to child safety and well being. Child-focused programs do not often coordinate with relevant adult-facing programs and may not offer sufficient parental support to achieve their aims.
3. **Leveraging integrated data for focused support:** We can use integrated data and targeted questions to better identify and serve our families who face the most adversity.
4. **Improved internal access to data:** State staff need access to data designed for intuitive analytics on demand.

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Next Steps: First 1,000 Days

MEDICAID'S UNIQUE ROLE IN EARLY CHILDHOOD ►

Medicaid is uniquely positioned to identify and connect at-risk children (ages 0-3) in low-income families with needed health, developmental, and social services — increasing the odds that children get a good start in life.



Medicaid covers almost half of babies born in the United States and 40 percent of children



Publicly financed health care is the social institution most likely to have regular contact with children ages 0-3 in low-income families



Medicaid guarantees coverage for developmental screenings and other preventive care that is important for identifying concerns early

Overview: First 1,000 Days of Rlte Care

- Collaborative effort spearheaded by RI KIDS COUNT in close partnership with EOHHS/Medicaid
- Bringing together subject matter experts to explore **collaborative approaches** to maximize coordination and improve outcomes
- Modeled after successful New York state initiative



Goals: Aligning Early Childhood & Medicaid

- Technical Assistance opportunity from 
- Improve **coordination and alignment** between Medicaid and early learning and development system
- Objectives:
 - Kickstart Medicaid's role in the **First 1,000 Days initiative**
 - Partner closely with **DHS, RIDOH, EOHHS, and DCYF**
 - Apply learnings from the Ecosystem **Child Maltreatment Prevention project**
 - Leverage **existing forums** and **structures** to drive collaboration

Proposed Approach

- 1 Early and Periodic Screening, Diagnosis and Treatment (EPSDT) benefit as foundation
- 2 Strengthen bilateral connection between publicly-funded health services and early childhood resources
- 3 Plug Medicaid into existing initiatives

Discussion & Questions



Rhode Island Department of Children, Youth & Families

